



JOB SHADOW APPLICANT ASSUMPTION OF RISK AND RELEASE

The undersigned has applied to Job Shadow at TriHealth Inc. or one of its affiliates. While job shadowing, the applicant understands they are not compensated in any manner for their services as an employee or contractor of TriHealth.

By signing below, the applicant acknowledges that he/she has read, understands and agrees to the following:

1. Assumption of Risk

Applicant recognizes and acknowledges that there are certain risks to being a hospital observer, including, but not limited to, risks of obtaining communicable diseases from patients and injuries resulting from violent patient behavior. Applicant fully appreciates these dangers.

Having knowledge of these dangers, and fully appreciating the risks involved, Applicant voluntarily assumes the risks specifically described above, which may be involved in the job shadow experience.

2. Release

Applicant hereby releases and discharges, for himself/herself, his/her heirs, representatives and assigns, TriHealth Inc. and all of its affiliates, including their successors, assigns, trustees, officers, employees and agents, from any and all damages or injuries to Applicant to the extent caused by Applicant's own negligence or Applicant's failure to follow the applicable policies and procedures of Hospital.

Applicant acknowledges that he/she is signing this document freely and voluntarily and without any coercion or any influence of any kind. Applicant acknowledges that there have been no promises, representations or inducements to signing the document.

Date

Applicant or Applicant's Parent Signature*

*If Applicant is under the age of 18, Applicant's parent or guardian must sign above on behalf of the Volunteer.